

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 10/28/02 OMB# 03-03

FROM: Department Sheriff's Office Division Correctional Facility Section _____

Signatures: Department Director _____ Division Manager _____

WHAT IS NEEDED:

- ☒ Accounting adjustment: Item is budgeted, but funds are in incorrect account line.
☐ More funds for Budgeted Item: Item is budgeted, but additional funds are required.
☐ New item: Item is not in this fiscal year's budget.
☐ Capital Substitution: Substitution or change of a currently budgeted capital item.
☐ Fund & Acct # _____ Budget Item # _____ Budget Amount \$ _____
☐ Capital replacement retention: Capital item was slated to be replaced but needs to be retained. BCC# _____

- Describe item and show calculation of all associated costs of item.
- Explain why item is needed. (If equipment is to be replaced, include description, model, year, BCC#)
- Identify source of funds and why these funds are no longer needed for their original intent.
- For savings on capital items give account #, budget item #, amount budgeted, purchase order #, and actual purchase cost.

An accounting adjustment is necessary to move budgeted items for jail maintenance into the proper account lines. Several items (jail renovations, HVAC project, security system) should be budgeted in capital account lines in order to comply with GASB 34 standards. An accounting adjustment is also necessary to move budgeted funds within operating lines to more accurately reflect the items to be acquired.


FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund 00100 Fund Name General Fund

	ACCOUNT NUMBER	ACCOUNT TITLE	AMOUNT
TRANSFER FROM	00100-021000-53046000	Repairs and Maintenance	\$3,435,057
		TOTAL	\$3,435,057
TRANSFER TO	00100-021000-53031000	Professional Services	\$13,292
	00100-021000-53052000	Operating Supplies	\$10,000
	00100-021000-56063000	Security System - CIP# PM10112X	\$1,220,817
	00100-021000-56063000	Control Rm. 1/Sallyport - CIP# PM10113X	\$50,000
	00100-021000-56063000	Laundry Rm. Renovations- CIP# PM10114X	\$50,000
	00100-021000-56063000	Pod B Renovations - CIP# PM10115X	\$266,500
	00100-021000-56063000	HVAC Project - CIP# PM10116X	\$1,569,448
	00100-021000-56063000	Medical Section Improvements - CIP# PM10117X	\$65,500
	00100-021000-56063000	DDC Controls for HVAC - CIP# PM10118X	\$189,500
		TOTAL:	\$3,435,057

CONCURRENCE OF OTHER INVOLVED DIVISIONS (ie: Comp Svcs/hard & software; Fleet/vehicles; Purchasing/capital; Sppt. Svcs; etc)

Signature _____

Div or Dept _____

OMB RECOMMENDATION: ☒ Approval ☐ Disapproval Analyst Crockett Hunter Director 

APPROVING AUTHORITY: _____ OMB Director _____ County Manager X BCC (Meeting Date) 11/12/02

☐ Approved ☐ Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____